

CHARLES COUNTY HEALTH BENEFITS PROGRAM

Premiums effective for July 1, 2018 - June 30, 2019 Plan Year

COVERAGE LEVEL	CareFirst BlueChoice Advantage Select Vision	CareFirst Blue Choice HMO Open Access & Select Vision	CareFirst PPO Dental	Delta Dental
COBRA TOTAL MONTHLY PREMIUM				
Individual	\$757.96	\$509.46	\$41.97	\$37.02
Employee + Child	\$1,316.90	\$968.14	\$64.10	\$58.80
Employee + Spouse	\$1,577.33	\$1,171.77	\$96.29	\$87.27
Family	\$1,854.33	\$1,528.44	\$125.94	\$113.36